

# COOK COUNTY HEALTH & HOSPITALS SYSTEM



## CCHHS Board of Directors Meeting The Patient Experience Initiative

June 26<sup>th</sup>, 2015

John Jay Shannon, MD  
CEO



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
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# Patient Experience

**Patient experience is defined as the sum of all interactions, shaped by an organization's culture, that influence patient perception across the continuum of care**  
**-The Beryl Institute**



# Goals of the Initiative

- Attract and retain patients as the provider of choice for high quality healthcare
- Attract and retain staff as the employer of choice for high quality healthcare
- Commit to and demonstrate a patient centered approach to the delivery of healthcare
- Create a lasting, system wide culture of service and respect for the patient and the family

# Patient Satisfaction Data

- Vendor conducts surveys per CMS guidelines
  - Two hospitals
  - Ambulatory system -- 18 clinics
  - Emergency department
  - Ambulatory surgery
- Inpatient surveys
  - 15,000 mailings per year (Stroger)
  - 1,150 mailings per year (Provident)
- Ambulatory surveys
  - 25,920 mailings per year
- All surveys are sent in English and Spanish
- Return rates ~ 15%



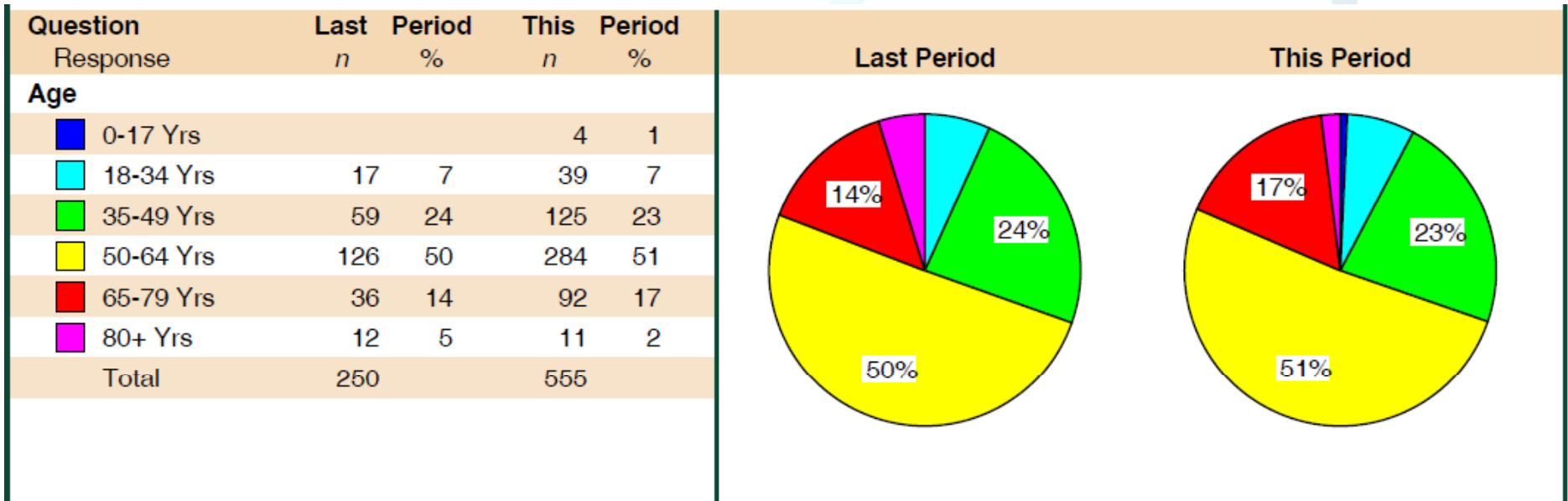
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# Overview of Survey Respondents\*

## Age Distribution

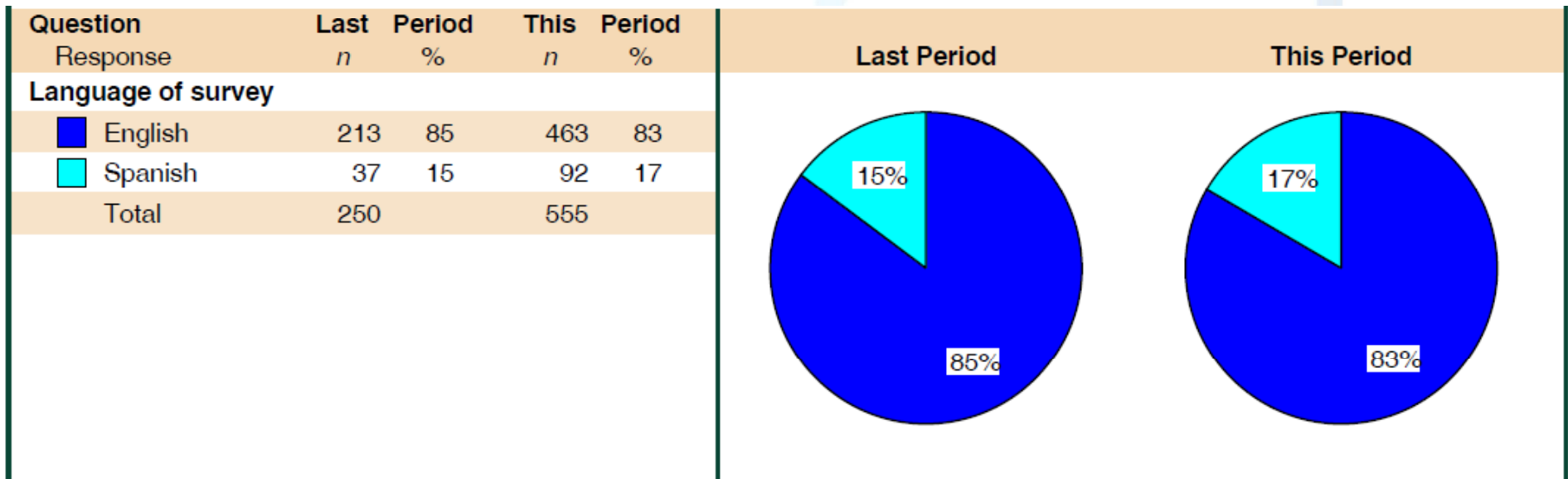


\* Stroger only; Provident and ACHN are similar



# Overview of Survey Respondents\*

## Language

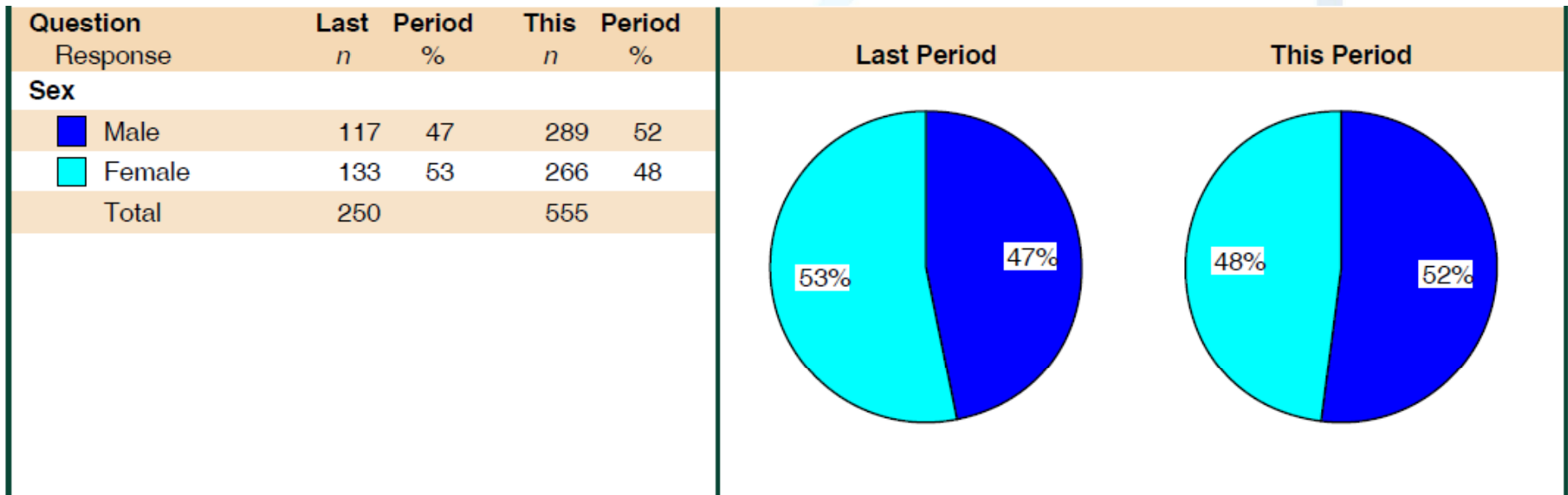


\* Stroger only; Provident and ACHN are similar



# Overview of Survey Respondents\*

## Gender



\* Stroger only; Provident and ACHN are similar

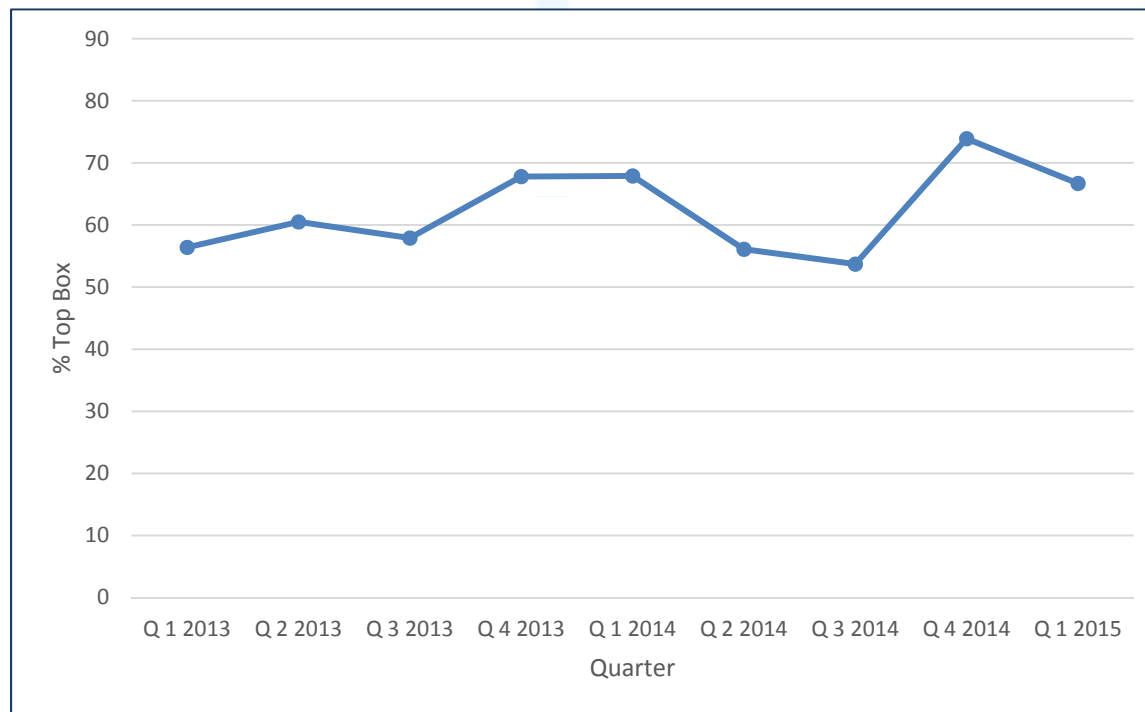


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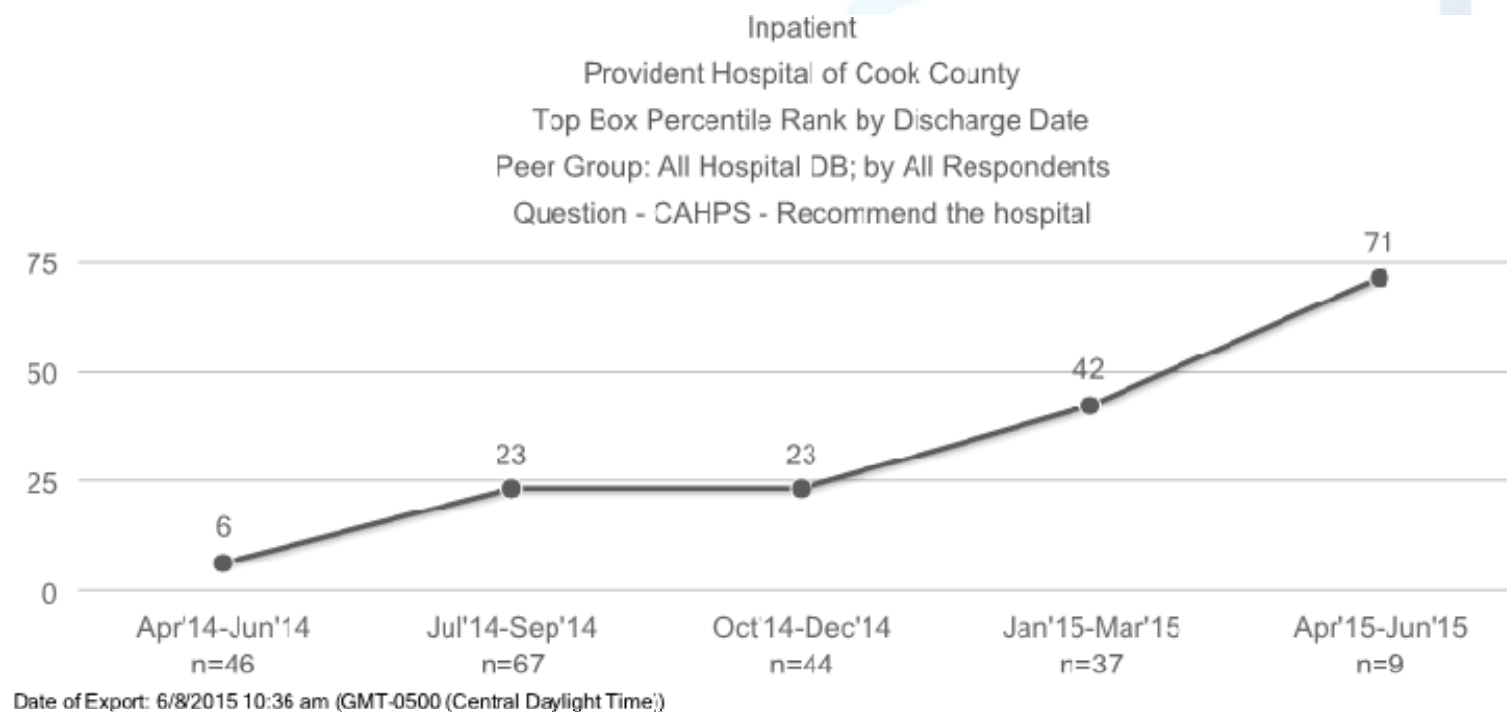
# Provident Data – Willingness to Recommend Top Box %

Target = 85% (90<sup>th</sup> %ile)



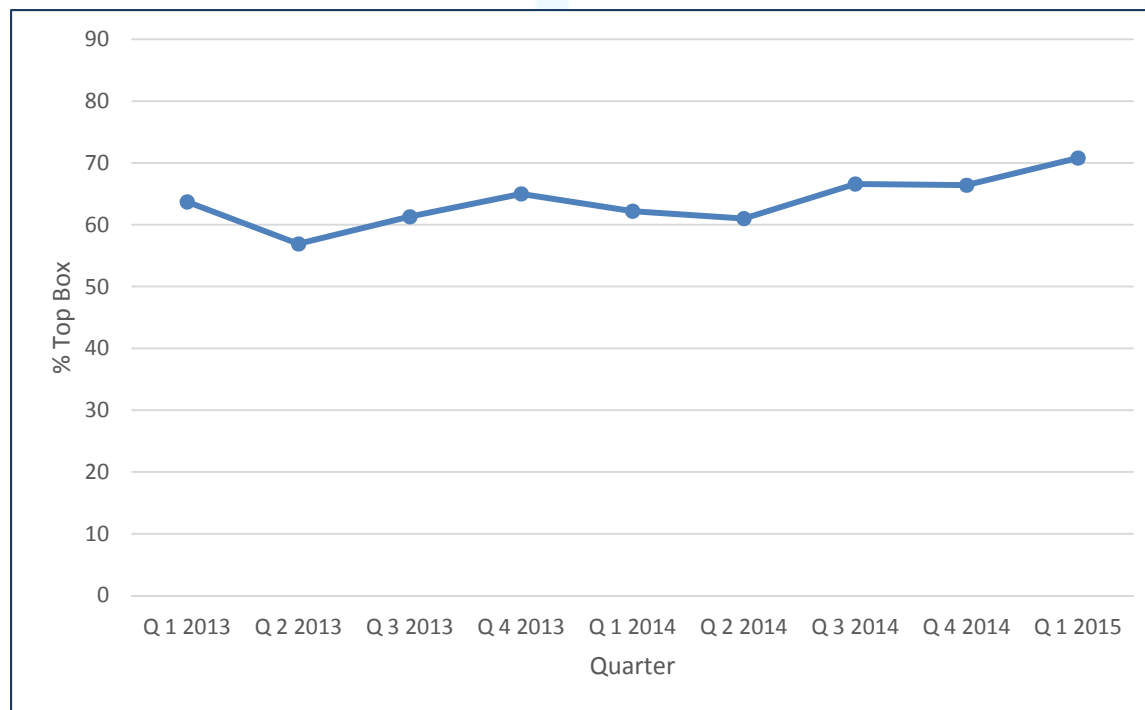


# Provident Data – Willingness to Recommend Top Box % ile

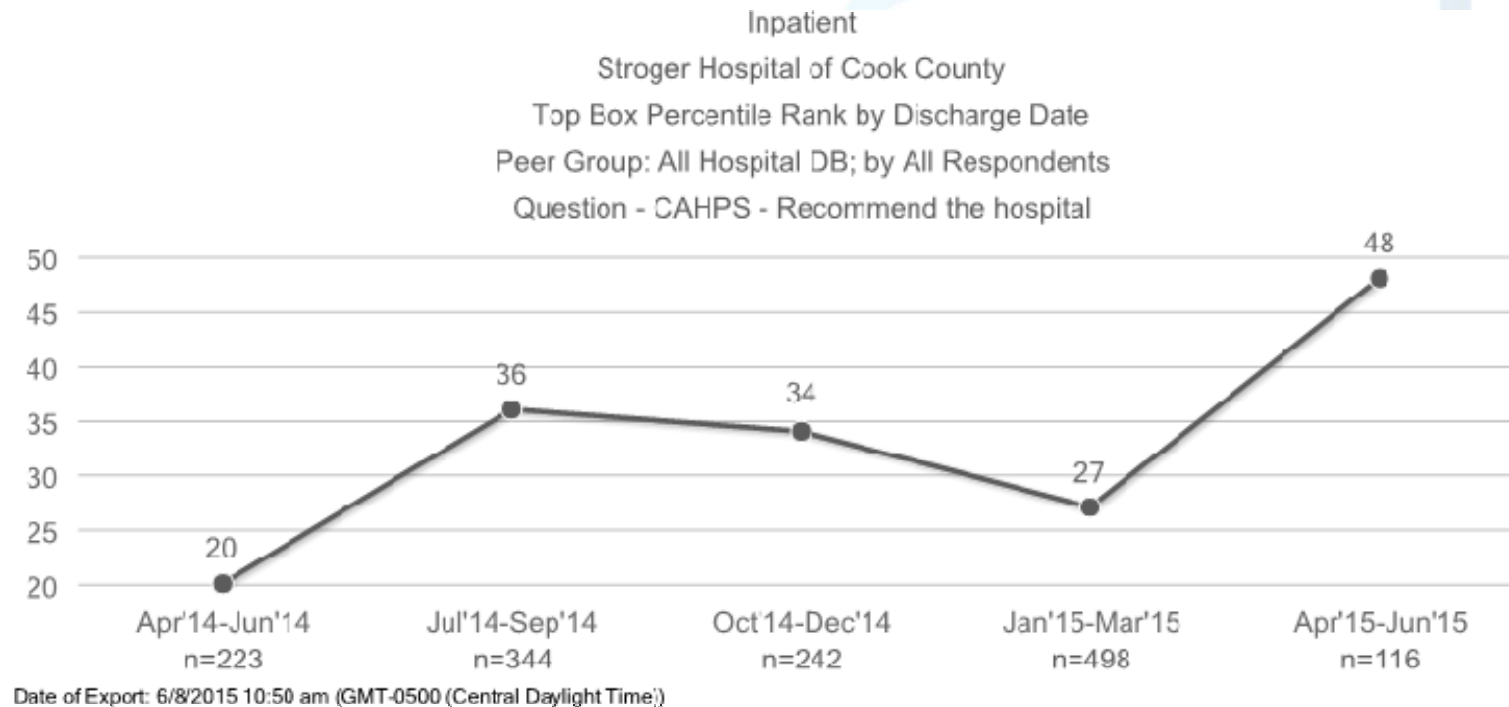


# Stroger Data – Willingness to Recommend Top Box %

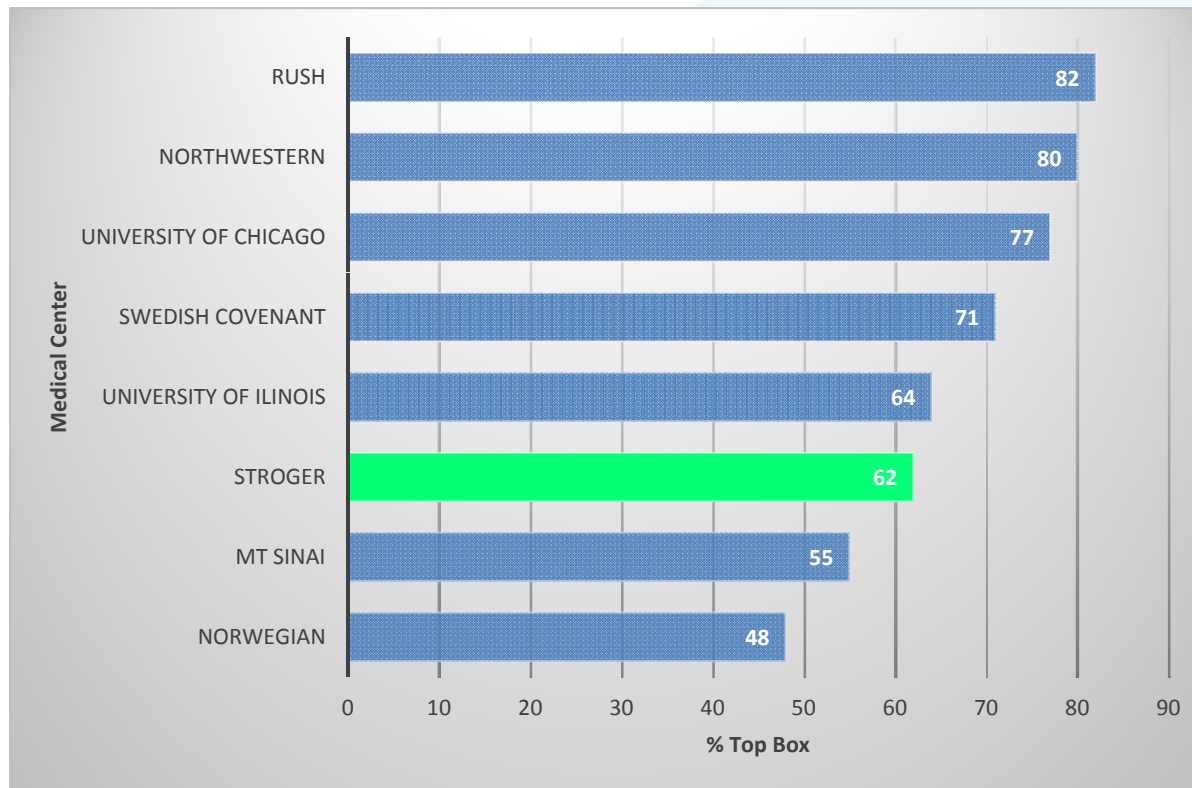
Target = 85% (90<sup>th</sup> %ile)



# Stroger Data – Willingness to Recommend Top Box % ile



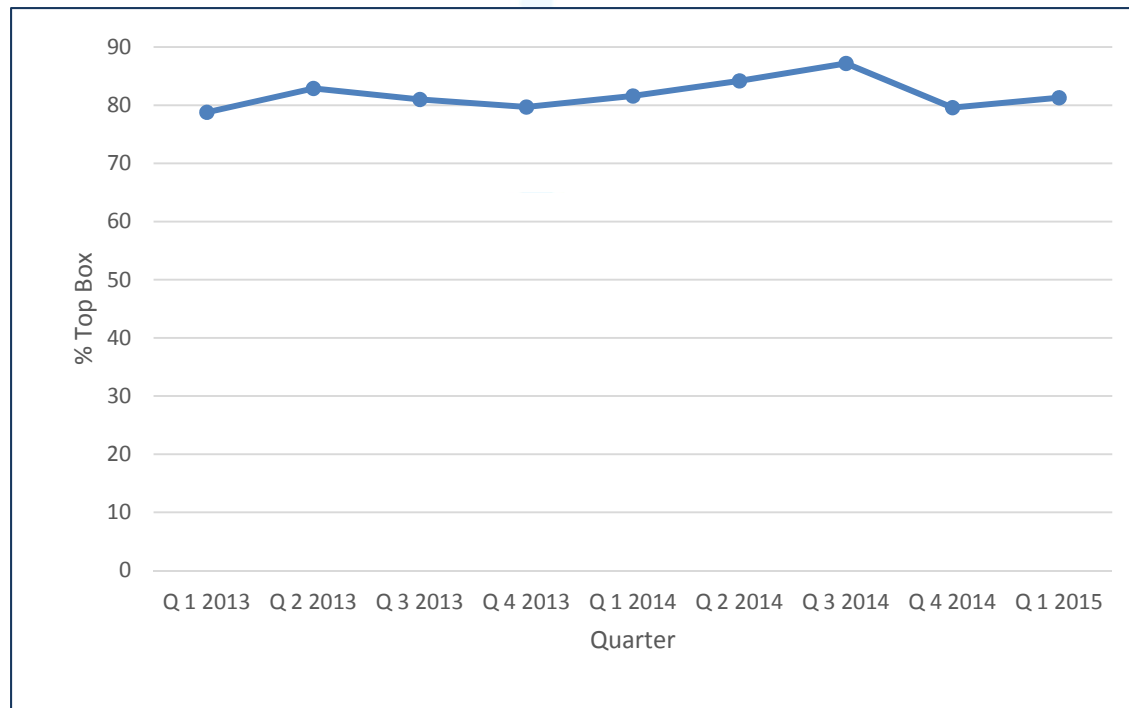
# Willingness to Recommend Local Comparisons



# Provident Data – Communication with Doctors

## Top Box %

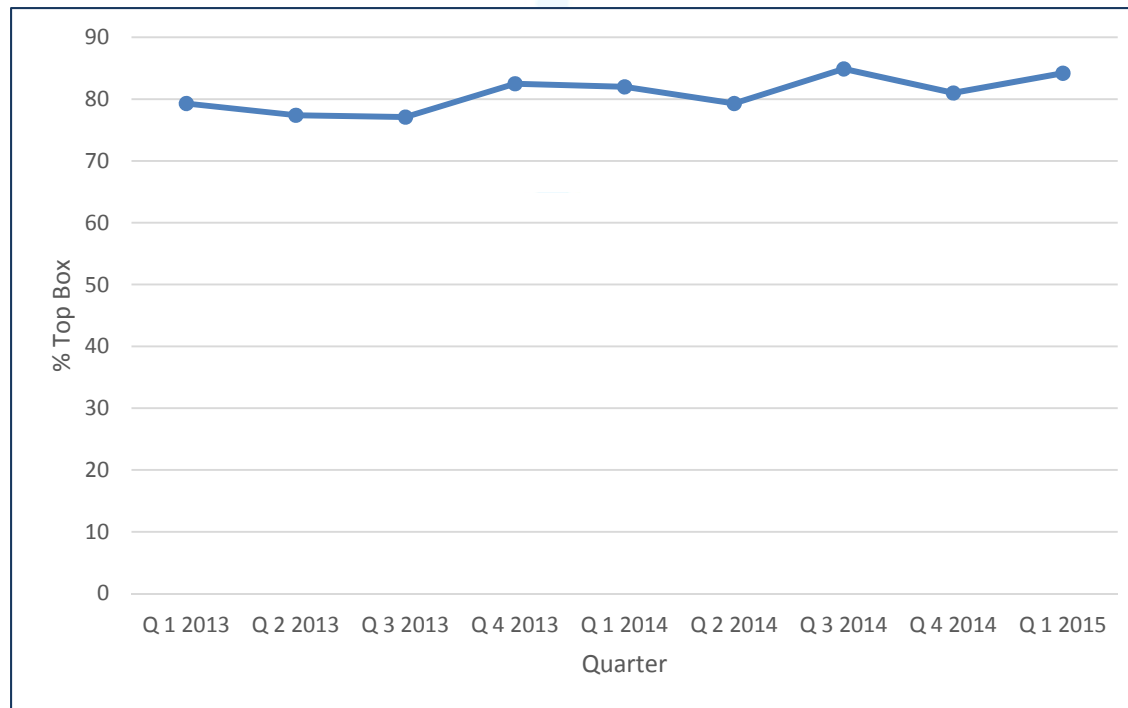
Target = 88% (90<sup>th</sup> %ile)



# Stroger Data – Communication with Doctors

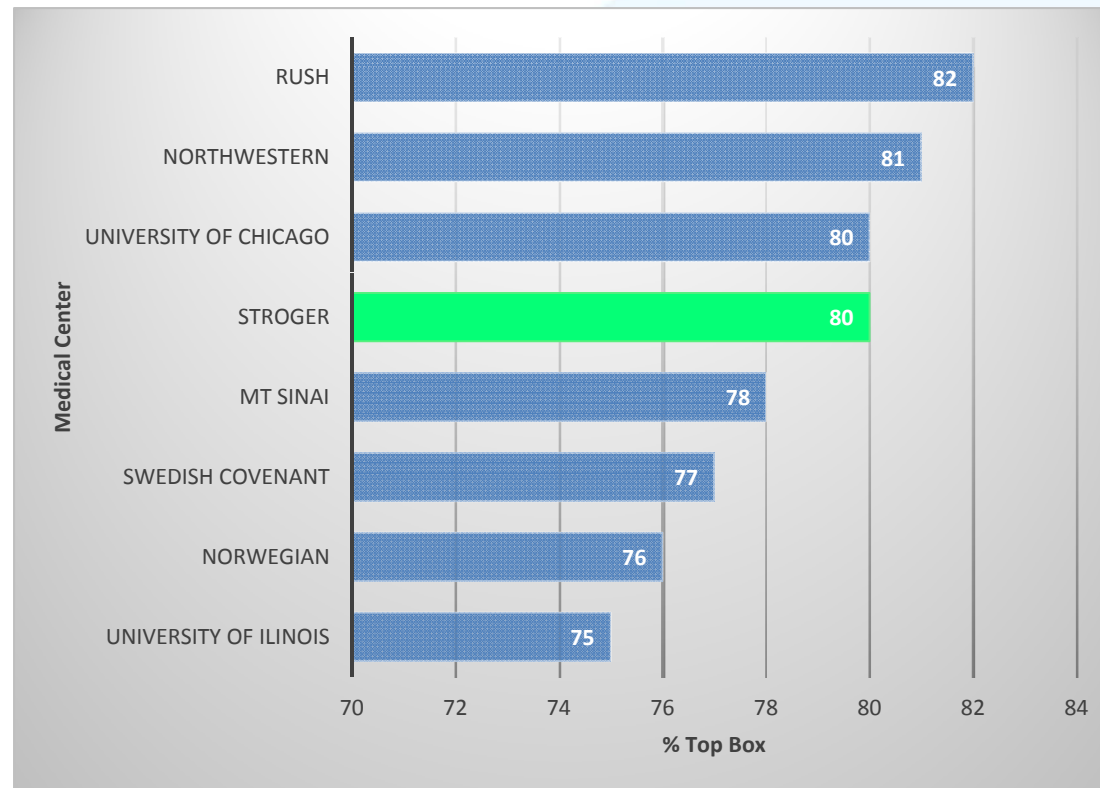
## Top Box %

Target = 88% (90<sup>th</sup> %ile)



# Communication with Doctors

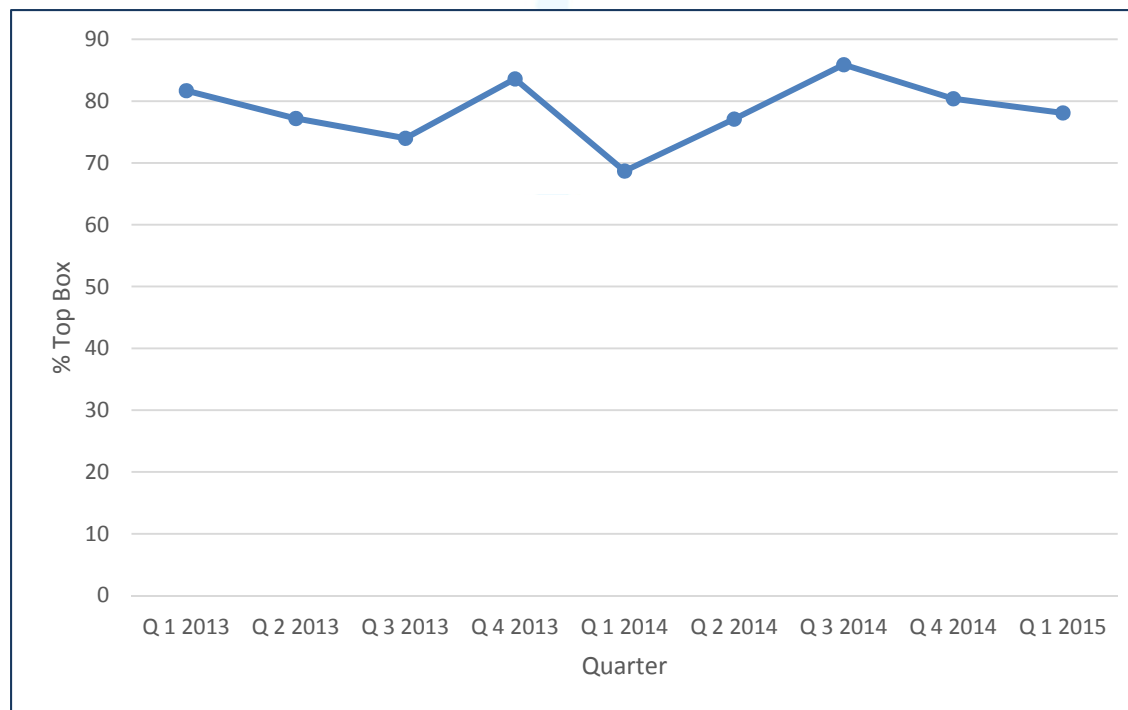
## Local Comparisons



# Provident Data – Communication with Nurses

## Top Box %

Target = 86% (90<sup>th</sup> %ile)

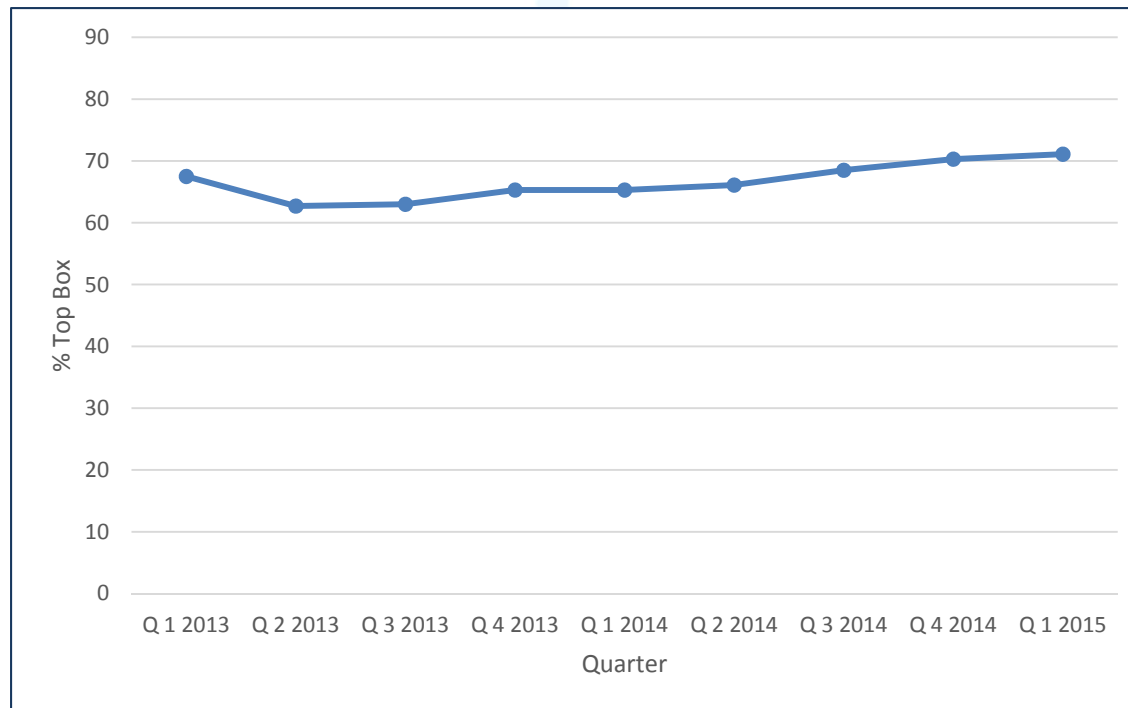




# Stroger Data – Communication with Nurses

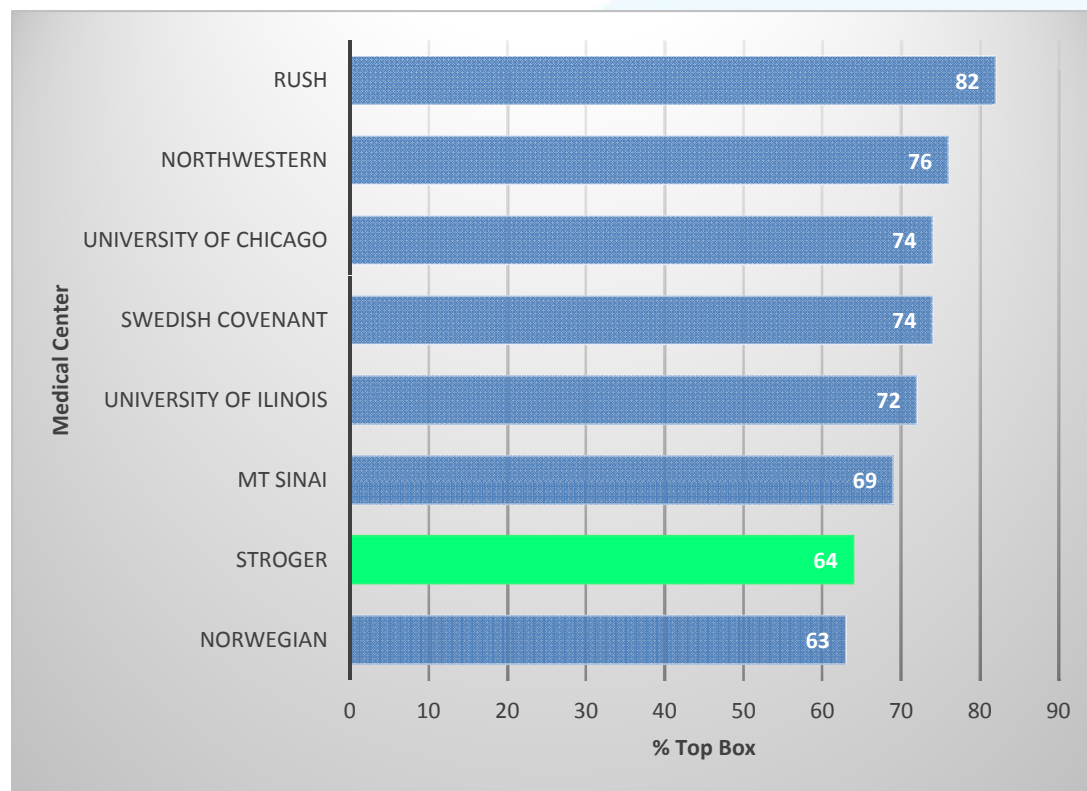
## Top Box %

Target = 86% (90<sup>th</sup> %ile)



# Communication with Nurses

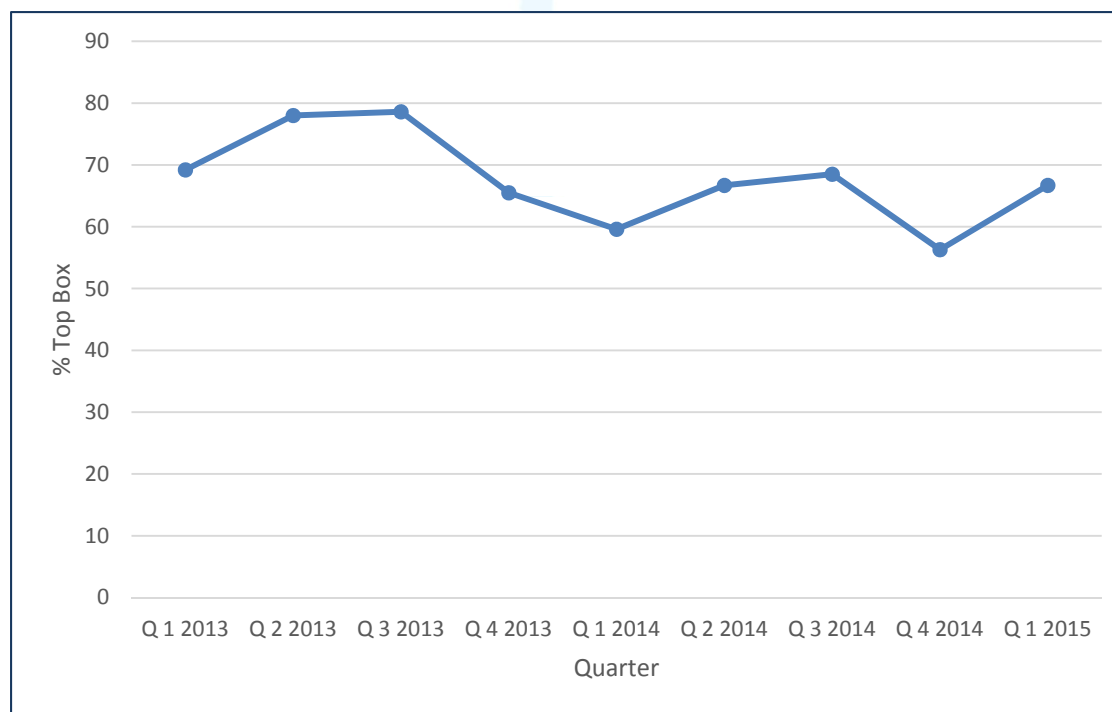
## Local Comparisons



# Provident Data - Cleanliness

## Top Box %

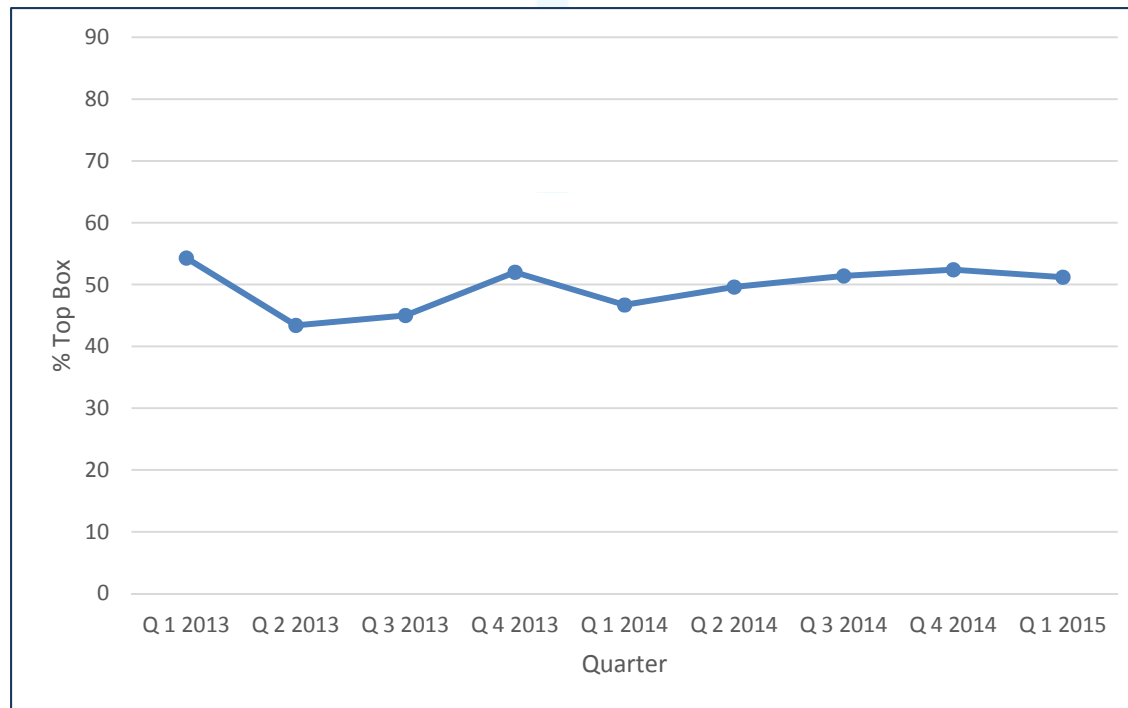
Target = 77% (90<sup>th</sup> %ile)



# Stroger Data - Cleanliness

## Top Box %

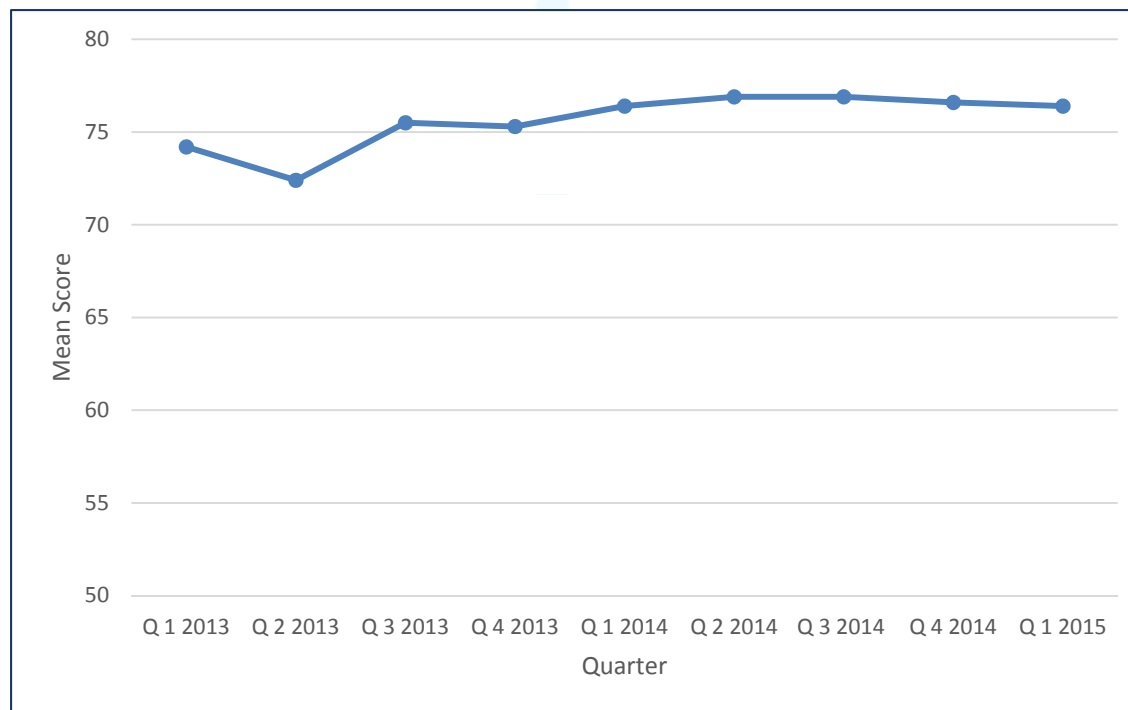
Target = 77% (90<sup>th</sup> %ile)



# ACHN Data – Overall Assessment of Clinic

## Quarterly Mean Score

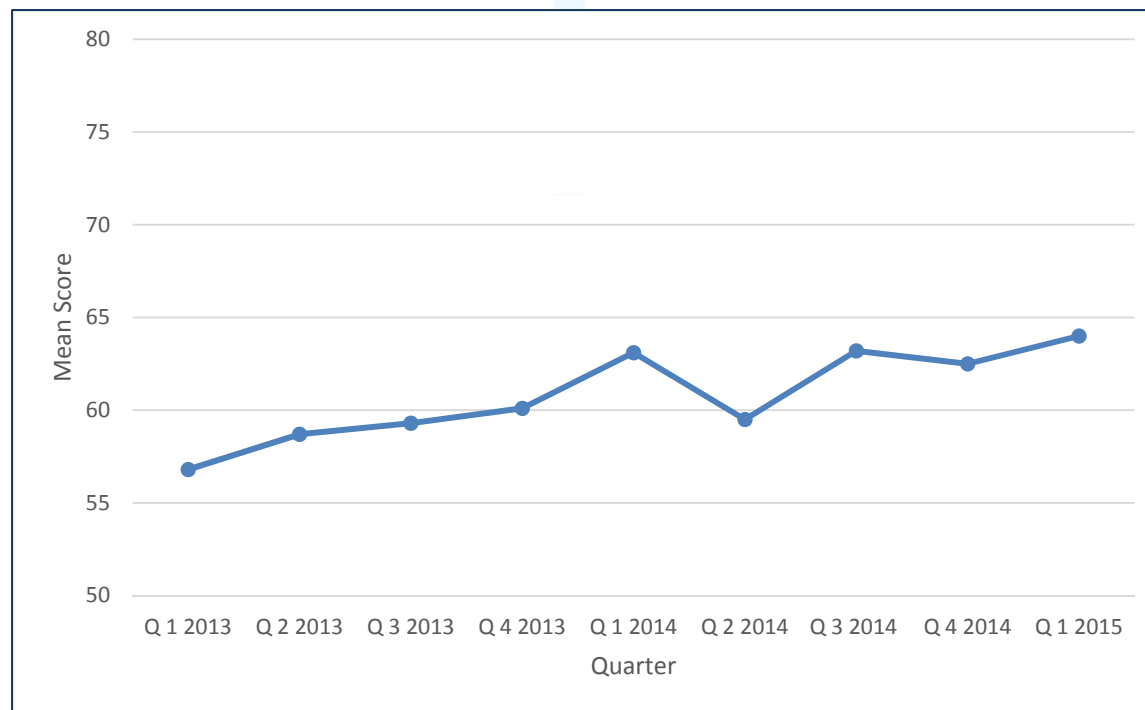
Target = 75%



# ACHN Data – Ease of Getting Clinic on Phone

## Quarterly Mean Score

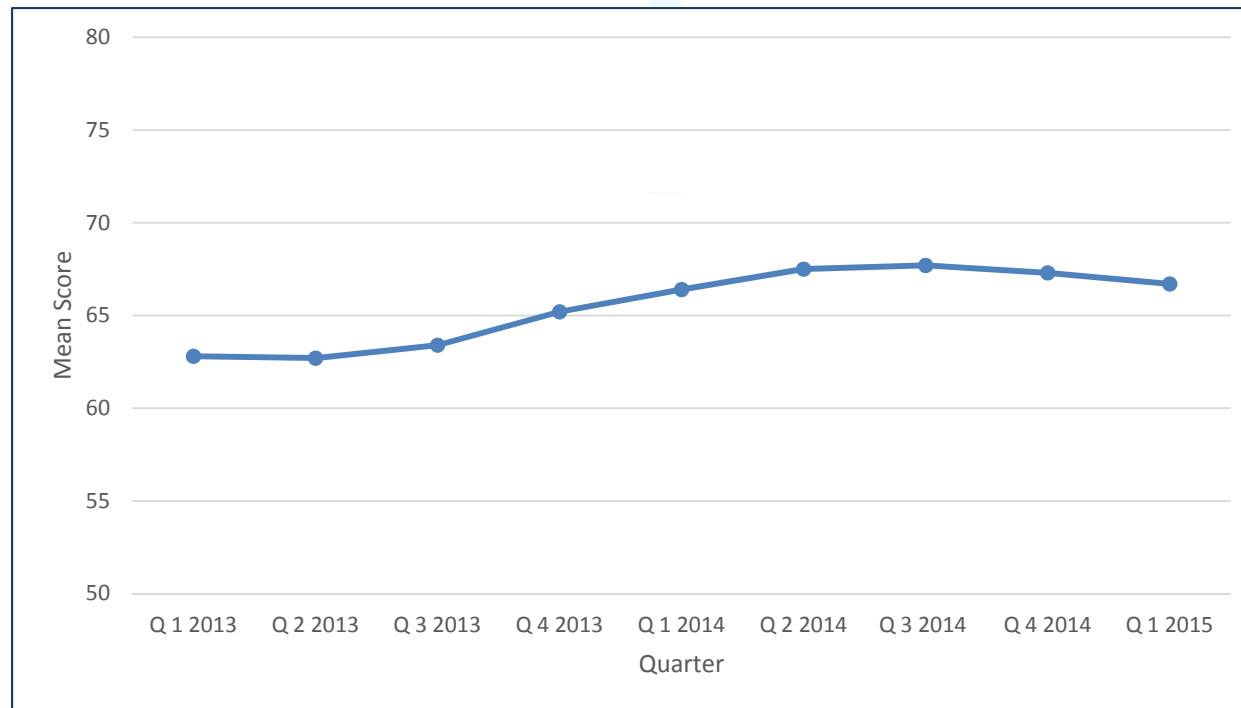
Target = 75%



# ACHN Data – Moving Through your Visit

## Quarterly Mean Score

Target = 75%



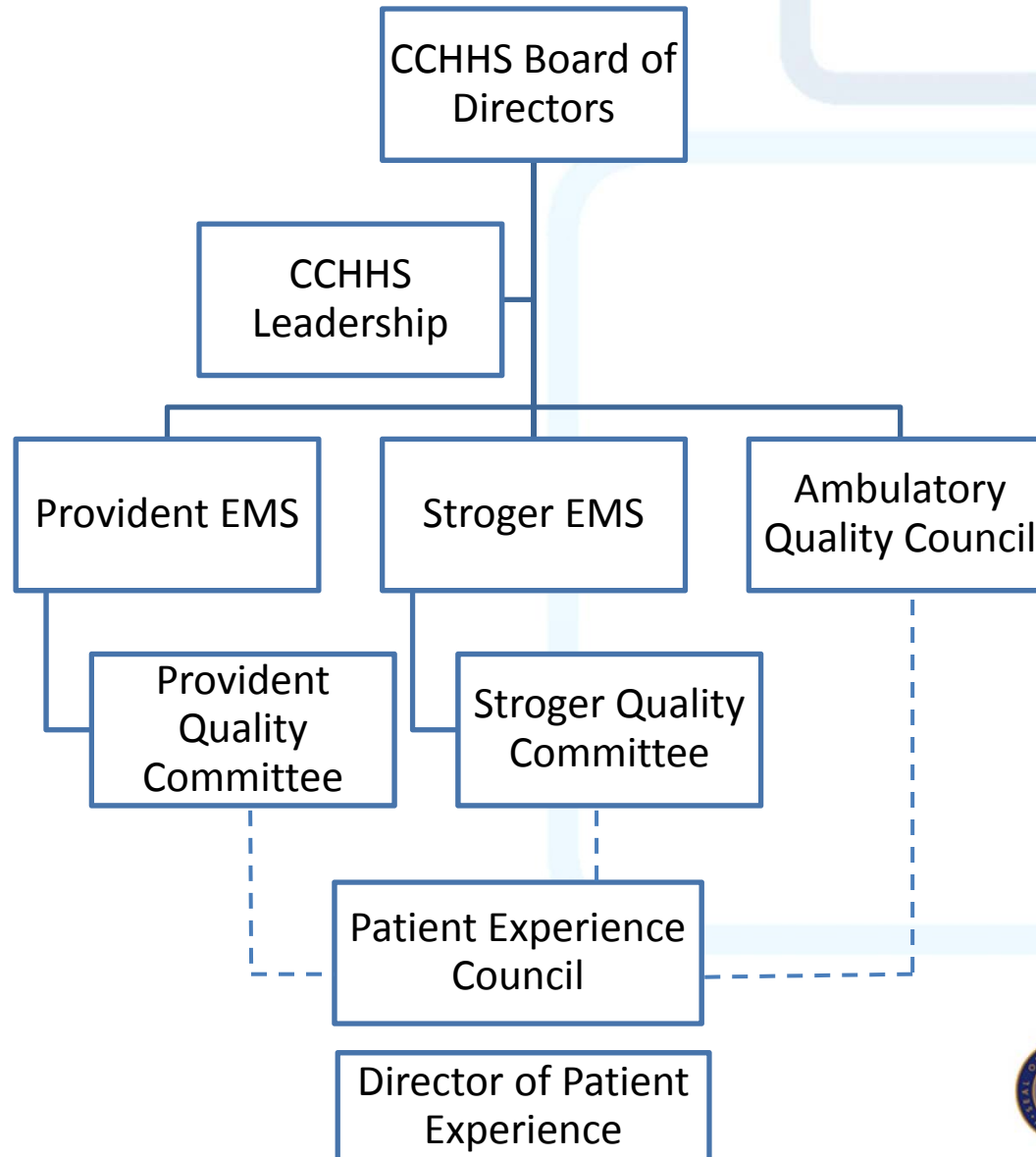
# Overview of the Patient Experience Initiative

- System wide involvement
  - Past efforts have been fragmented
  - Impetus from leadership
- Evidence based interventions
  - Utilize best practices
- Data driven performance improvement
  - Create access to data
  - Publicize targets to staff





# Governance of the Patient Experience Initiative



# Patient Experience Work Plan

- Customer service training
  - Developed internally; incorporating best practices
  - Utilize input and data from vendors
  - New employee engagement sessions
- Leadership and accountability
  - Demonstrate priority/ role modeling
  - Empower managers to track data and implement interventions
- Operational enhancements



# Customer Service Training

- Three part training sessions
  - Basic customer oriented behavior
  - Developing and expressing empathy
  - Basics of service recovery
  - ‘Train the trainer’ concepts built in
- Pilot complete with volunteer group (finance) and key managers; program evaluation has been excellent and interest in training is high
- Roll out by department and ambulatory site



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# Leadership and Accountability

- Kick off to demonstrate system priority
- Leadership ‘walk-rounds’ to reinforce concepts
- Manager training in acquiring and displaying data
- Regular data presentations at quality committees
- System policies on customer service behavior



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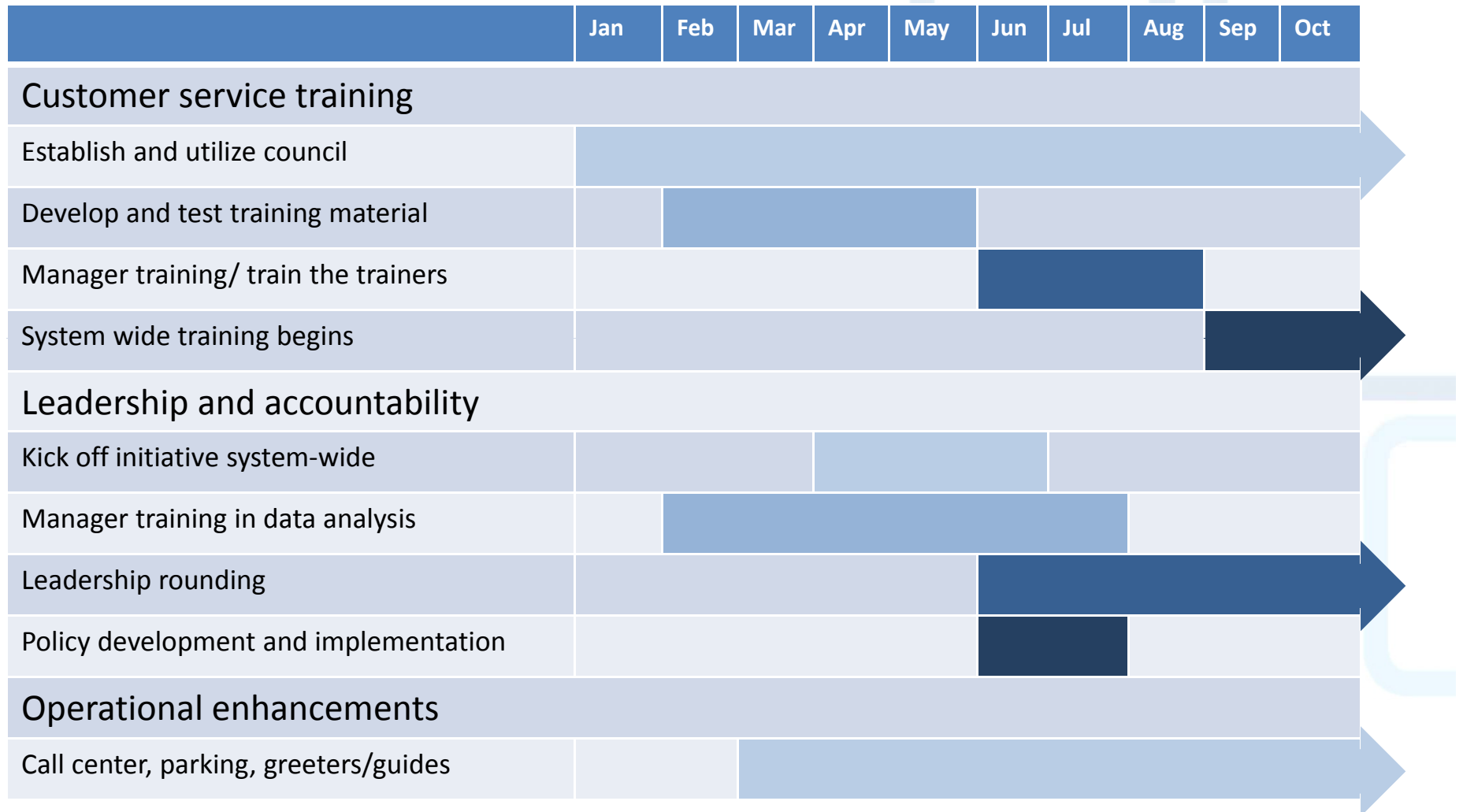
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# Operational Enhancements

- Telephone access- call center
- Environmental service enhancement and oversight
- Plans to improve patient access to parking
- Greeters and volunteers for welcome and way-finding
- Wheelchair access for subspecialty clinic patients
- Plan patient and family engagement for feedback



# Timeline



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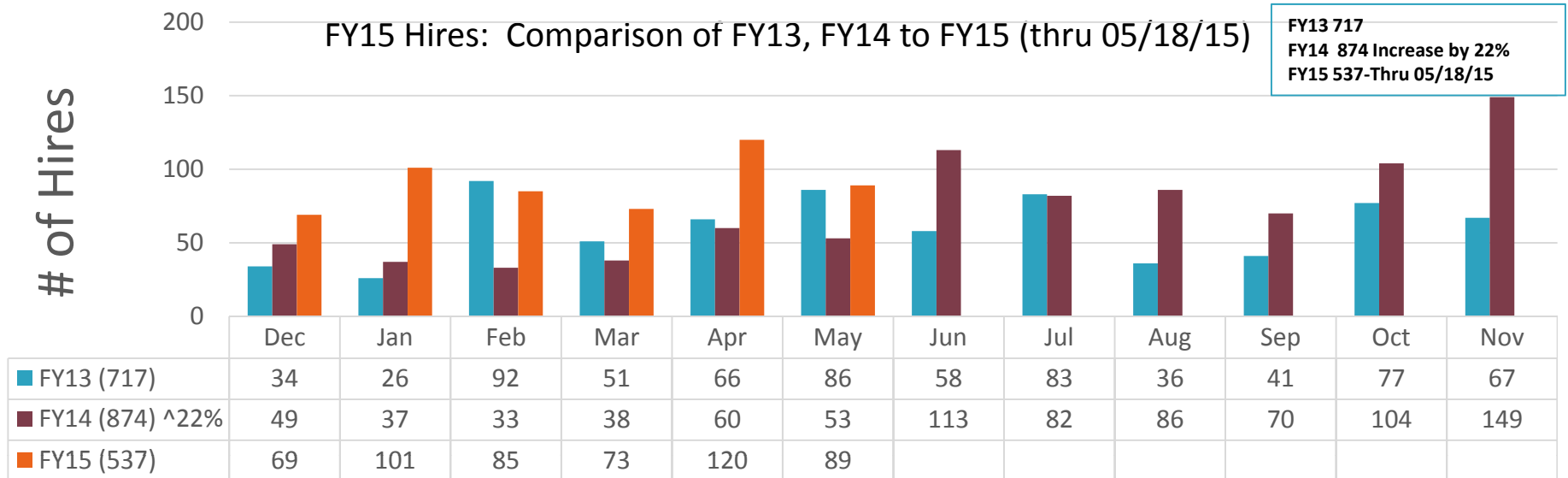
## **Human Resources Metrics CCHHS Board Of Directors June 26, 2015**

**Gladys Lopez, Chief of Human Resources**



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# GOAL: Reduce vacancies to 600



- Avg fill to date FY14: 45 / FY15: 89.5
- YTD vacancies filled has increased by 99% as compared to this same time frame last year

## FY15 Vacancies Filled by Job Function / Open Positions

Job Function	FY14 Hired	FY14 YTD Thru May 2014	FY15 YTD Thru May 2015	FY15 RTHs in Process (As of 5/31/15)
Finance	15	1	24	<sup>1</sup> 126
HIS	5	2	5	18
Licensed Practice Nurses	24	2	11	7
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	311	94	191	313
Physicians	97	40	30	94
Pharmacy	49	20	11	47
Other	373	111	265	239
<b>Total</b>	<b>874</b>	<b>270</b>	<b>537</b>	<b><sup>2</sup> 844</b>

<sup>1</sup> Medicaid eligibility insourcing

<sup>2</sup> Fluctuates month to month based on vacancies filled hires and new requisitions received.



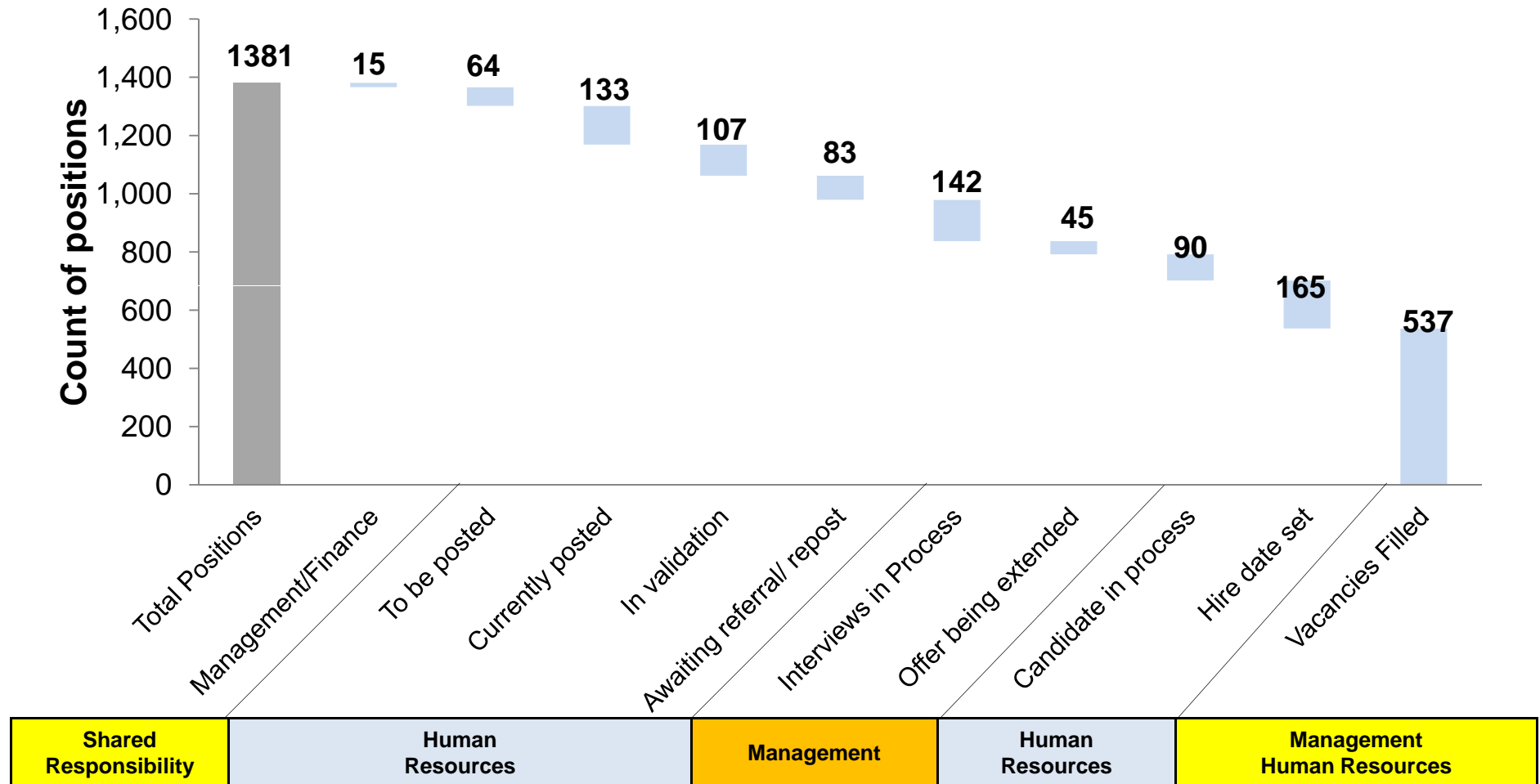
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# FY15 HR Goal: Improve/Reduce Average Time to Hire

## Hiring Waterfall & Snapshot (05/28/15)



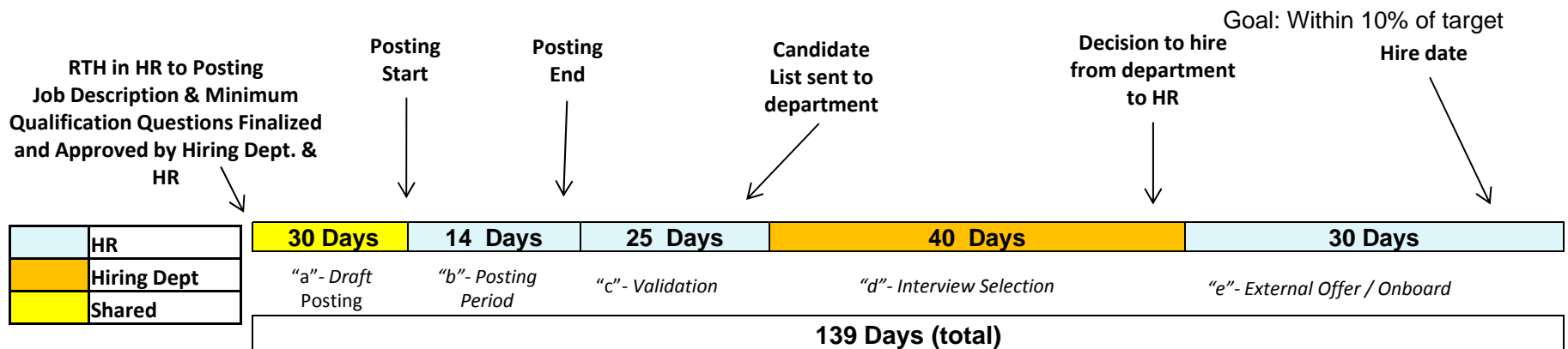
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# FY15 HR Goal: Improve/Reduce Average Time to Hire

Budget to Recruiting average of 30 Days

FY15 Goals:		2014 Actual	2015 Target	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	YTD Avg	YTD Variance
a	Average # of days from Request to Hire approval to Posting Open	91	30	80	48	73	51	19	9		44	46%
b	Average # of posting days	14	14	13	9	12	13	13	13		12	-14%
c	Average # of days from Posting Close to Interview Referral	28	25	33	22	27	30	33	24		28	12%
d	Average # of days from Interview Referral to Decision to Hire to HR. (Interview/Selection)	29	40	29	23	32	28	40	27		30	-25%
e	Average # of days from decision to hire until actual Hire Date. <i>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.</i>	41	30	55	49	51	52	46	51		50	66%
f	Average # of days from Request to Hire to Hire Date	203	139	209	151	195	168	151	125		165	18.7%



Benchmark: 58

Data source: TLNT The Business of HR

<http://www.tlnt.com/2014/08/14/employers-find-that-time-to-fill-job-rates-are-growing-hit-13-year-high/>



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# **COOK COUNTY HEALTH & HOSPITALS SYSTEM**



## **Update on Implementation of the CCHHS Employment Plan and the Processing of House Staff June 26, 2015**



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# Employment Plan Update

## HR Implementation / Rollout

### Stage I – March

- **Formal Implementation of Employment Plan.**
- Completed HR Training – ALL HR Employees.
- Reinforced General Guidelines with HR Team.
- Implemented “13 Items” Notifications - (Letters of Recommendation, 48 hour notice, Offers rescinded due to Background Checks, Randomization, Validation, Interviews etc. RTH’s received/ in process).

### Stage II - May

- **Execution / Implementation**
- Rolled out New / revised forms.
- Enhanced Interview Process - weighted scores, review of interview questions.
- Implemented ARP – to Select Nursing areas.
- Implemented Veterans Preference
- Enhanced HR Website to include Information on Plan.
- Publish HR Quarterly Report Employment Actions.

### Stage III –August

- **Execution / Implementation**
- Create process to centralize all Discipline Tracking & Implement based on Plan.
- Integrate Ineligible for Rehire Process in Hiring Process
- Implement Internal Candidate Preference
- ARP (Ongoing)

### Stage IV – October

- **Execution / Implementation**
- Develop Policy Manual
- ARP (Completion)



# Employment Plan Update

## Implemented New & Revised Forms

- Alignment with Plan
- Increase Ease of Use
- Standardize & Enhanced Evaluation Process
  - Questions Weighted
  - Minimum Score required to move forward

### Interview Ranking Form

Job Title:

Requisition Number:

Date:

Please ONLY list candidates with a score of 3.0 or higher

Candidate Name	Interviewer's Name	Score	Interviewer's Name	Score	Interviewer's Name	Score	Avg Total	Final Ranking
Joe Smith	Susan Johnson	3.2	Jim Davis	4.1	Sheri Doe	3.6	3.63	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	
							#DIV/0!	

Candidate Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

### INTERVIEW EVALUATION FORM

Job Title: \_\_\_\_\_ Requisition # \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_

### Scoring Legend:

1 = Unacceptable

2 = Marginally Acceptable

3 = Acceptable

4 = Very Good

5 = Excellent

**Weighted Value:** Determine the relative importance of knowledge, experience, education and training, and assign a percentage to each question based on the level of importance. The total value cannot exceed 100%.

### SCORING TEMPLATE LAST PAGE

Example:

Question 1 value of 25%

Question 2 value of 15%

Question 3 value of 20%

Question 4 value of 10%

Question 5 value of 30%

TOTAL VALUE OF 100%

EXAMPLE

1. Question: \_\_\_\_\_ Value: \_\_\_\_\_ %

Comments:

Interviewer Score: 1 2 3 4 5



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### **Veterans' Preference:**

*"When applying for employment with Cook County Health & Hospital System preference is given to honorably discharged Veterans who have served in the Armed Forces of the United States for not less than 6 months of continuous service, who were not dishonorably discharged."*



- ✓ Veterans will not be randomized out
- ✓ Applies to both Internal & External Candidates
- ✓ Provided minimums requirements are met, ALL Veterans are guaranteed an interview.
- ✓ To be considered for Veterans Preference an Applicant must:
  - Indicate during the application process that they are a Veteran
  - Attach the appropriate documentation at the time of application (i.e. DD214, DD215 or NGB 22)
  - Meet the minimum requirements
  - Bring the original documentation to the interview



# Employment Plan

## Website Enhancements

The screenshot displays the Cook County Health & Hospitals System (CCHHS) website. At the top, there is a navigation bar with links for Financial Assistance & Billing, Doing Business with CCHHS, Governance, Current Job Opportunities, and a Contribute button. Below this is a search bar and a dropdown menu for All Categories. The main navigation menu includes Home, Patient Services, Clinical Services, Locations, Education & Research, About CCHHS, and News & Events. The page title is "Shakman Information & Employment Plan" with the subtitle "General principles that govern the County's hiring and employment policies". A photo of a healthcare worker is shown. On the left, a sidebar lists various human resources topics. The main content area is titled "Compliance" and contains a paragraph about the Employment Plan, a list of five responsibilities for the Compliance Officer, and a link to the Complaint Form. Below this, the "Reports" section includes a link to the Quarterly Employment Action Reports, a link to the Employment Plan Officer's Semi-Annual Reports, and a link to the Incident Report.

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CCHHS

Financial Assistance & Billing | Doing Business with CCHHS | Governance | Current Job Opportunities | Contribute

Translate

Search

All Categories

Home | Patient Services | Clinical Services | Locations | Education & Research | About CCHHS | News & Events

Home / About CCHHS / Human Resources / Shakman Information & Employment Plan

### Shakman Information & Employment Plan

General principles that govern the County's hiring and employment policies

**Human Resources**

- Current Job Opportunities
- Benefits
- Shakman Information & Employment Plan**
- Supplemental Policies
- Actively Recruited Positions
- CCHHS Positions
- Certified/Licensed Healthcare Professional Positions
- Department, Division and Section Chairs of the Medical Staff Positions
- Direct Appointment Positions
- Compliance Information & Reports
- Frequently Asked Questions

### Compliance

As required under the [Employment Plan](#), Cook County Health and Hospitals System CEO hired an Employment Plan Officer. By definition, the Employee in charge of compliance who will perform all tasks and responsibilities as described in this Employment Plan and as may be assigned from time to time. The Employment Plan Officer's primary responsibilities include the following:

1. Overseeing compliance with the Employment Plan;
2. Maintaining and reviewing the Exempt List;
3. Accepting, investigating, and reporting on complaints related to Employment Actions and the Employment Plan;
4. Taking steps to evaluate, eliminate, remedy and reporting instances of Political Contacts and Unlawful Political Discrimination; and
5. Training on Employment Plan and reviewing Policies and Procedures.

If you have a question or concern alleging non-compliance with the Employment Plan, a Complaint Form is available below or you can contact the Employment Plan Officer directly.

[Employment Plan Complaint Form](#)

### Reports

In order to ensure Cook County's commitment to transparency, reports on employment actions and monitoring activities are available as follows:

- Quarterly Employment Action Reports**
- Employment Plan Officer's Semi-Annual Reports**
- Incident Report**

These reports are issued every March 15th and September 15th.

- [March 2015](#)

After an allegation of non-compliance with the Employment Plan is investigated, the Employment Plan Officer issues an Incident Report which sets forth the nature of the complaint, and the findings of the investigation that may include non-compliance with the Employment Plan, or recommendations of specific corrective action. The report is sent to the Office of the Independent Inspector General and a redacted copy of the Incident Report to the Chief of Department of

The Employment Plan requires the following be placed on the CCHHS Website:

- Supplemental Policies
- Information on Direct Appointments & the Actively Recruited Process
  - Definition / Process
  - List of Positions
- Employment Plan Compliance Information & Reports
  - Quarterly Employee Action Reports
  - EPO Semi- Annual Reports
- FAQ Section

### Quarterly Employment Action Report

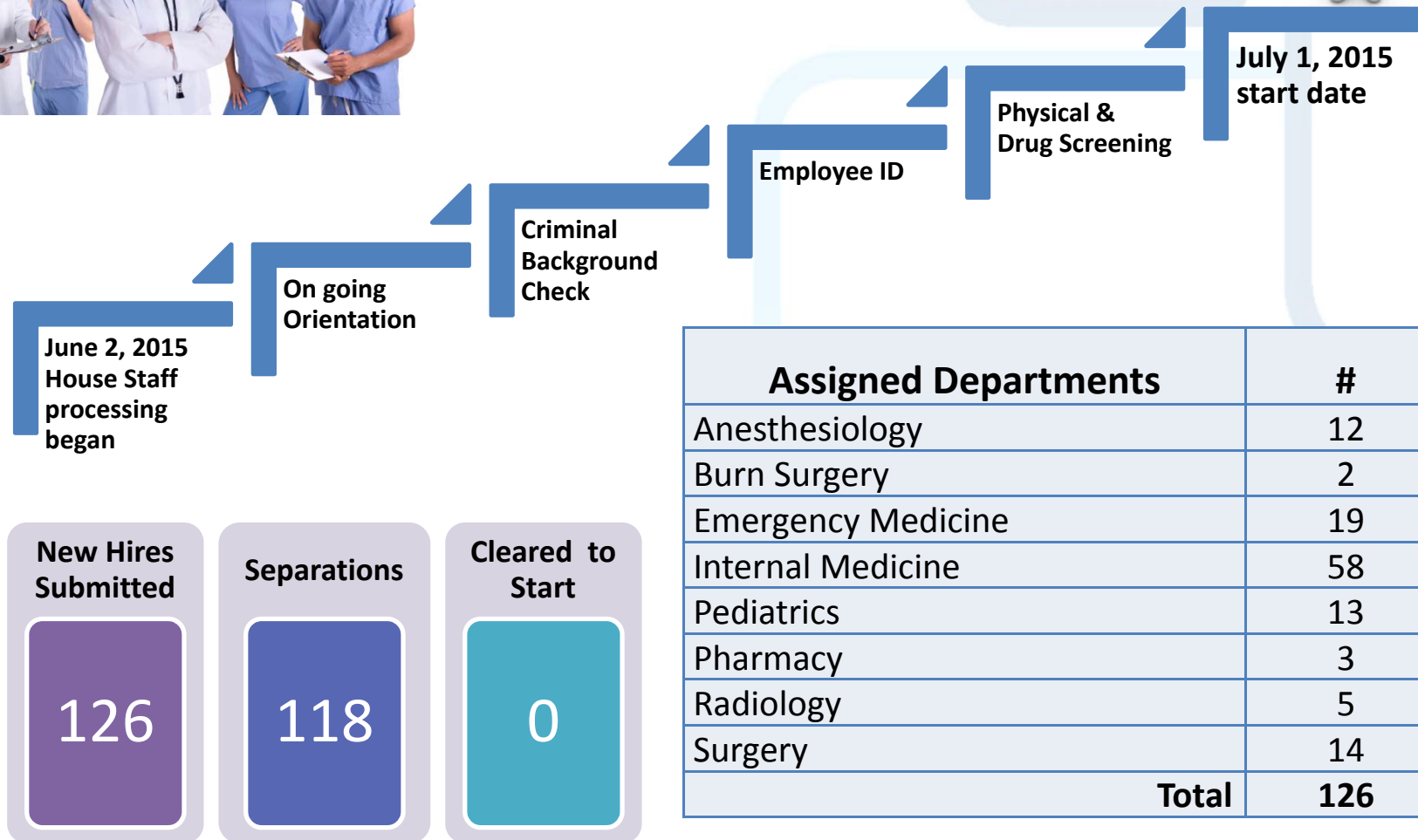
*"DHR will post on the CCHHS website quarterly reports of the total number of hires, Promotions, Demotions, Transfers, Terminations and resignations by Department during the preceding three-month period, including: (1) the number and type of each such Employment Action; (2) the dates of each Employment Action; (3) the title of the Position; and (4) whether such Employment Action was pursuant to Section V or a specific exception to the General Hiring Process identified in Sections VII-XII."*



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# 2015 Processing of House Staff Physicians\*



Data as of 06/5/15

\*House Staff hires and separations are not included in the monthly HR Metrics.



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# COOK COUNTY HEALTH & HOSPITALS SYSTEM

## Finance Dashboard: June 2015



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## CCHHS: Financial Summary

	2013	2014	2015 <sup>#</sup>	Goal
Days in Patient Accounts Receivable (Net)*	48	37	36	49.8
Days Cash on Hand	50	96	80	197.6
Days Expense in Accounts and Claims Payable	36	42	58	63.4
Overtime as Percentage of Gross Salary	8.2%	8.3%	8.5%	5.0%
Average Daily Carelink / Charity Write-Offs (at cost)^	581,176	482,984	526,846	---
CareLink/Charity Write-offs (at cost)	212,129,170	176,289,026	79,553,737	
Bad Debt Expense (at cost)	309,691,828	168,427,323	86,859,709	
Inpatient Days (monthly average)	9,225	8,752	8,083	8,315
Outpatient Clinic Registrations (monthly average)	80,989	78,021	76,829	85,824
Emergency Room Visits (monthly average)	14,261	12,887	12,142	12,887

# Data through April 2015

^ This represents direct charity care write-offs  
to gross accounts receivable

\* Data above does not include  
CountyCare information

Source: CCHHS finance

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# CountyCare Report & Deep Dive Discussion

*Prepared for: CCHHS Board of Directors*

Steven Glass, Executive Director, Managed Care

June 26, 2015



Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<b>Monthly Membership</b>	153,118	179,393	183,415	-3.7%	↓	155,334	113.7%
ACA	85,984	92,270	90,491	-5.8%	↓	76,119	112.0%
FHP	64,494	84,324	90,140	-1.8%	↓	74,506	118.8%
SPD	2,640	2,799	2,784	1.1%	↑	4,709	59.8%
<u>FYTD Member Months</u>	464,097	643,490	826,905			1,002,494	100.1%
ACA	323,223	415,493	505,984			565,859	104.5%
FHP	133,093	217,417	307,557			408,024	97.1%
SPD	7,781	10,580	13,364			28,611	56.6%
<b>Risk Management</b>							
<u>Pharmacy</u>							
# Scripts filled	179,367	177,742	158,828	(18,914)	↓		
% CCHHS HIV pt meds @ CCHHS pharmacy	33.1%	36.7%	35.5%	-1.2%	↓	80%	-44.5%
% Maintenance Rx on Extended Supply (>84 days)	15.1%	18.0%	24.0%	6.0%	↑	85%	-61.0%
<b>Care Management</b>							
<u>PCMH Assignment</u>							
% Members Assigned to PCMH	98.5%	96.7%	96.3%	-0.4%	↑		
% Members Unassigned	1.5%	3.3%	3.7%	0.4%	--		
<u>ACA Utilization Management (rolling 12 month)</u>						<b>Nov'14 Baseline</b>	
Admits/1,000 member months	175	167	163	(4)	↑	168	-3.1%
Bed Days/1,000 member months	781	740	714	(26)	↑	737	-3.2%
ED Visits/1,000 member months	989	967	943	(24)	↑	1,017	-7.8%
% 30-day Readmissions	23%	21%	21%	0%	--	20%	4.8%
<u>ACA CCHHS Utilization (since 7/1/2014)</u>	<b>FY'15 Q1*</b> (N=242,564)		<b>FYTD'15 Q2*</b> (N=235,671)			<b>FY'14 Q4 Benchmark</b>	
Emergency Room	14.2%		13.1%	-1.2%	↓	17.2%	-4.1%
Hospital Inpatient	12.4%		9.9%	-2.5%	↓	10.9%	-1.0%
Hospital Outpatient	31.2%		33.7%	2.5%	↑	28.8%	4.9%
Other Medical	0.6%		0.9%	0.2%	--	1.1%	-0.2%
Primary Care	37.7%		30.7%	-6.9%	↓	39.8%	-9.1%
Specialist	12.1%		6.2%	-5.9%	↓	6.8%	-0.7%
Total	18.8%		15.6%	-3.2%	↓	19.1%	-3.5%
<b>Operations</b>							
<u>Claims Processing</u>	<b>FY'15 Q1</b>		<b>FYTD'15 Q2</b>			<b>Goal</b>	<b>Goal Met</b>
Avg # Days Received-to-Processed	4		4			< 8	Y
Avg # Days Received-to-Paid/Pend	31		34			< 35	Y

# Quarterly Deep-Dive Discussion: Behavioral Health (BH) Services



# Working Definition

- Operational definitions driven by claims, ICD codes, etc.
- Mental Illness + Substance Abuse Disorders = Behavioral Health

# Why Focus on Behavioral Health?

## The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



**68%**

of adults with a mental illness have one or more chronic physical conditions

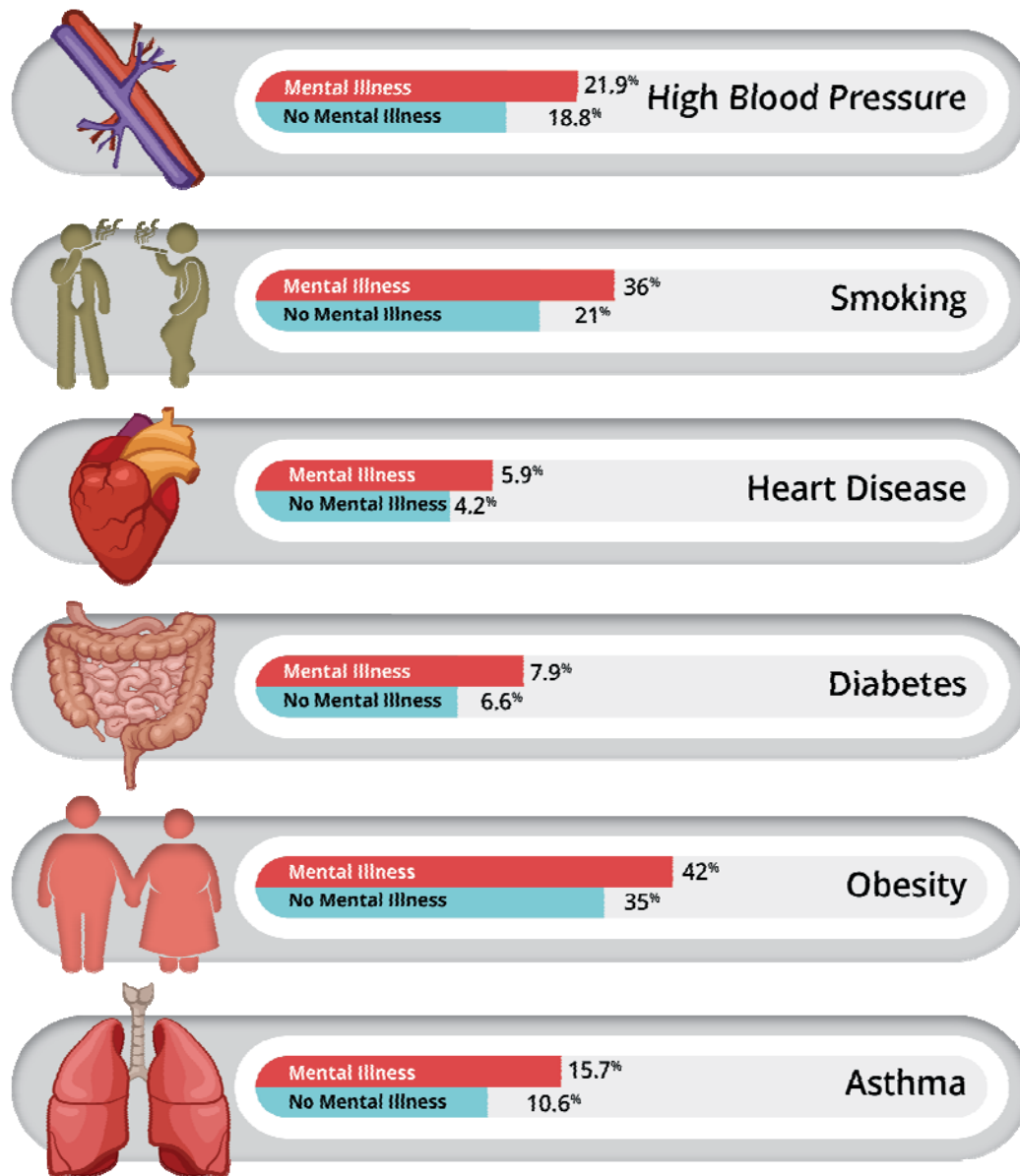
more than  
**1 in 5**

adults with mental illness have a co-occurring substance use disorder

Source: SAMHSA/HRSA Center for Integrated Health Solutions,  
<http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health>



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People living with mental illness have higher rates of physical health co-morbidity

Source: SAMHSA/HRSA Center for Integrated Health Solutions,  
<http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health>



# Medicaid In Illinois

## Single Agency Oversight

IL Department of Healthcare & Family Services (HFS)

### IL Department of Healthcare & Family Services (HFS)

- Medical services (fee-for-service, managed care)
- Pharmacy benefits
- Home & Community-based Waivers

### Various Departments (DoA, DoRS)

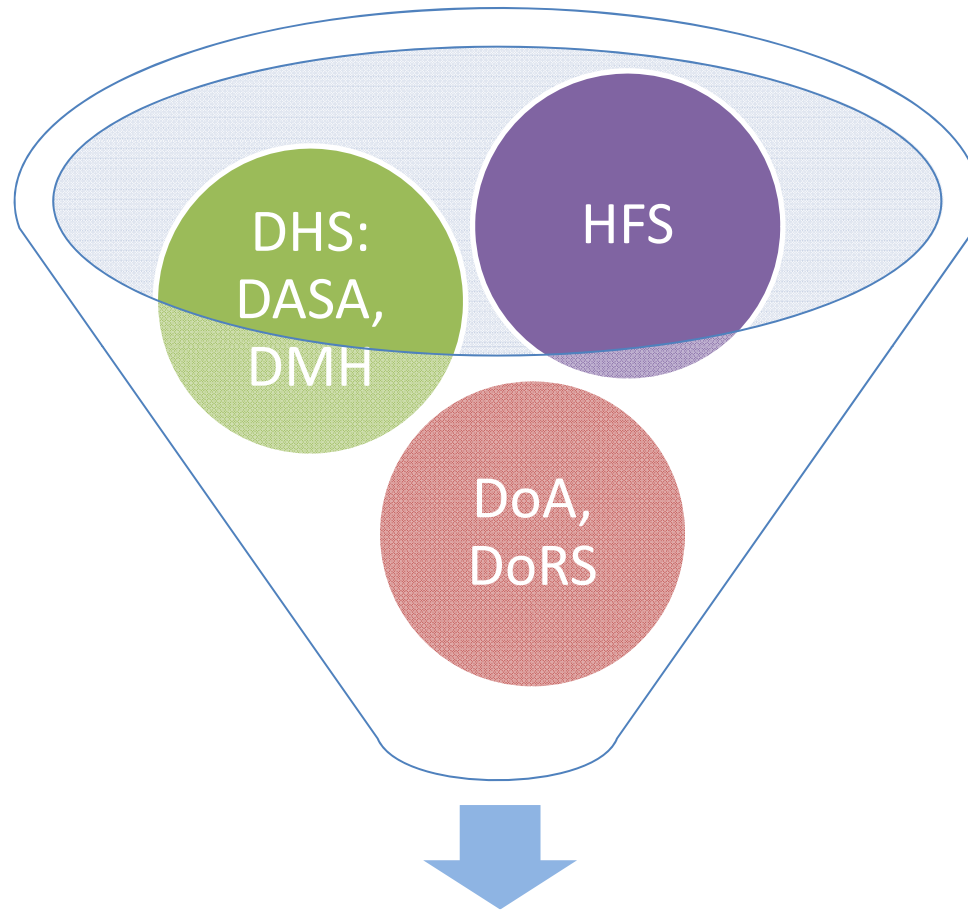
- Home & Community-based Waiver

### IL Department of Human Services (DHS)

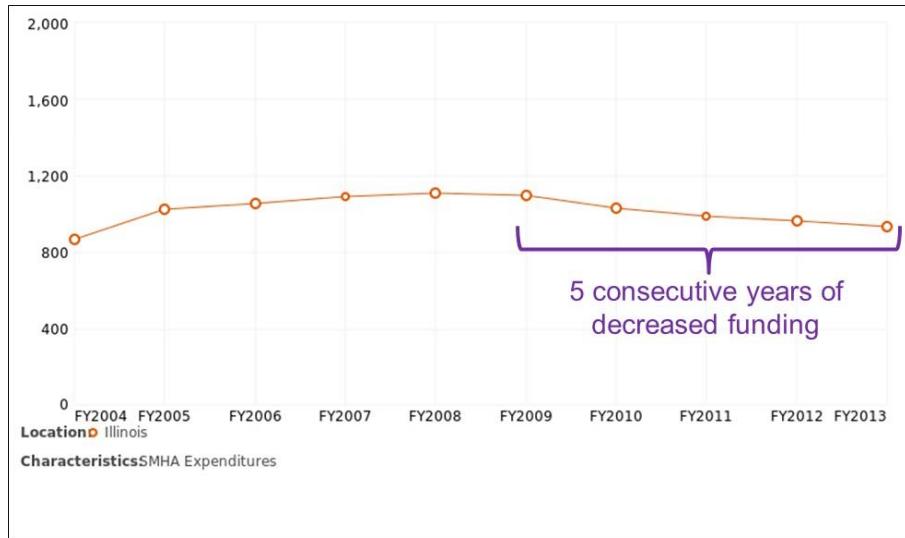
- Mental Health (MH) Services (Division of Mental Health/DMH),
- Substance Use Disorder (SUD) Services (Division of Alcoholism & Substance Abuse/DASA)
- Eligibility determination
- Home & Community-based Waivers

*All services are covered by Medicaid managed care plans as administered by HFS.*

# Medicaid Covered Benefits Today

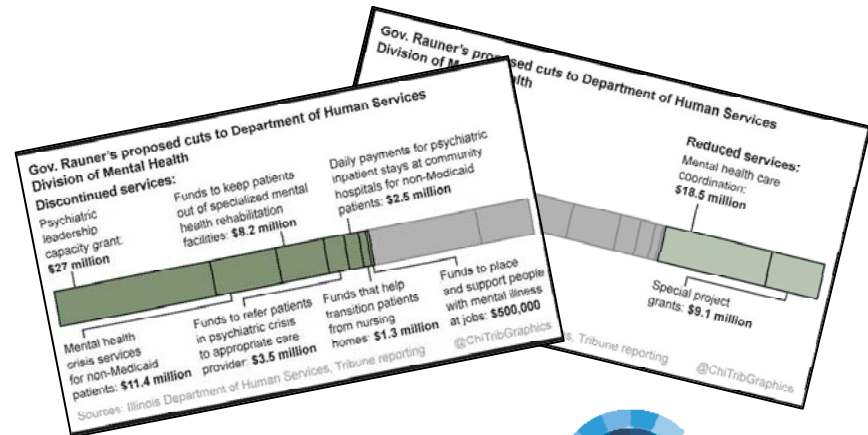


# Volatile Funding History



Five years consecutive funding decreases.

\$82M in proposed cuts, **NOT** implemented; Medicaid budget cuts instead.



Source: Chicago Tribune, 4/10/2015  
<http://www.chicagotribune.com/news/local/politics/ct-mental-health-cuts-met-20150410-story.html#page=1>

Source: Kaiser Family Foundation  
<http://kff.org/other/state-indicator/smha-expenditures/?state=IL#>



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# CountyCare SUD & BH Claims

Claims Paid 7/1/2014-5/26/2015

## At-A-Glance

- \$17.3 million, or 10% of total external cost (not inclusive of pharmacy)
- Significant portion of total spend
- Does not account for related physical health costs

CountyCare Chemical Dependency Claims, Cost & # Members Served (7/1/2014-5/28/2015)					
Place of Service	# Pd Claims	\$ Paid	# Mbrs w/Claim	\$ Pd/Mbr	# Claims/Mbr
Emergency Room	4,569	\$514,253	1,446	\$355.64	3.2
Hospital Inpatient	1,074	\$1,476,979	753	\$1,961.46	1.4
Hospital Outpatient	868	\$527,141	705	\$747.72	1.2
Other Medical	10,076	\$1,384,441	2,173	\$637.11	4.6
Primary Care	4,659	\$540,364	2,417	\$223.57	1.9
Specialist	2,847	\$116,400	1,135	\$102.56	2.5
<b>Total</b>	<b>24,093</b>	<b>\$4,559,578</b>			

CountyCare Psych Claims, Cost & # Members Served (7/1/2014-5/28/2015)					
Place of Service	# Pd Claims	\$ Paid	# Mbrs w/Claim	\$ Pd/Mbr	# Claims/Mbr
Emergency Room	4,405	\$480,094	1,996	\$240.53	2.2
Hospital Inpatient	2,816	\$6,901,022	1,775	\$3,887.90	1.6
Hospital Outpatient	1,275	\$199,189	1,554	\$128.18	0.8
Other Medical	35,377	\$3,112,236	6,232	\$499.40	5.7
Primary Care	17,700	\$1,845,740	8,875	\$207.97	2.0
Specialist	4,791	\$244,303	2,918	\$83.72	1.6
<b>Total</b>	<b>66,364</b>	<b>\$12,782,584</b>			



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# ED & Inpatient UM of CountyCare's Top 1%

Data as of 5/28/2015 | Top 1% by Claims Cost

**UM Metrics /1000 BY Primary Claims Diagnosis MPC (UM/1000 Formula = Admits / Member Month \*12000)**

Cardiology	2,717	11,949	4.4	5,965	28%	206	2,376
Psychiatry	6,395	34,960	5.5	10,407	58%	186	2,019
Orthopedics & rheumatology	2,133	12,767	6.0	3,055	23%	147	1,705
Pulmonology	3,640	23,053	6.3	6,621	40%	133	1,546
Gastroenterology	2,718	14,408	5.3	5,935	31%	133	1,470
Neurology	2,560	17,120	6.7	5,390	29%	114	1,289
Preventive & administrative	2,407	23,203	9.6	3,285	33%	66	738
Hepatology	3,625	19,650	5.4	7,160	37%	56	662
Endocrinology	4,369	19,433	4.4	9,074	57%	55	607
Dermatology	2,468	14,558	5.9	6,498	27%	48	530
Late effects; environmental trauma & poisoni..	2,619	18,922	7.2	3,894	32%	45	527
Infectious diseases	3,065	23,952	7.8	4,966	36%	41	505
Chemical dependency	5,825	30,700	5.3	19,725	57%	45	480
Nephrology	2,311	11,685	5.1	4,175	25%	35	457
Urology	2,224	11,210	5.0	3,776	20%	30	410
Isolated signs & symptoms	2,063	8,438	4.1	4,781	18%	19	256
Gynecology	1,758	6,054	3.4	3,054	33%	21	224
Hematology	3,663	22,674	6.2	5,242	31%	14	190
Otolaryngology	2,618	16,145	6.2	4,509	28%	15	165
Obstetrics	2,020	9,980	4.9	2,733	18%	6	101
<b>Grand Total</b>	<b>3,322</b>	<b>18,916</b>	<b>5.7</b>	<b>6,386</b>	<b>40%</b>	<b>1,415</b>	<b>16,257</b>
	ADMITS / 1000	BED DAYS / 1000	ALOS	ED VISITS / 1000	READMISSION RATE	MEMBER COUNT (ELIGIBLE)	MEMBER MONTHS

# CountyCare SUD & MH ED & Inpatient Admits by Diagnosis

Claims Paid 7/1/2014-5/26/2015 | Facilities with 5+ ED Visits or Inpt Admissions

## SUD Diagnoses

### ED and IP Visits by Diagnosis

Alcohol dependence	362	476	128	27%	\$1.25M	450
Acute alcohol intoxication	1,877	61	9	15%	\$0.45M	977
Opioid or barbiturate dependence	181	203	26	13%	\$0.18M	436
Other drug dependence	243	17	0	0%	\$0.08M	273
Cocaine or amphetamine dependence	48	31	1	3%	\$0.03M	117
	TOTAL ED VISITS	TOTAL IP ADMITS	READMISSIONS	FLAG READMISSION %	Claim Amount	Distinct Count of Members Visiting

## MH Diagnoses

### ED and IP Visits by Diagnosis

Organic drug or metabolic disorders	296	1,353	291	22%	\$2.45M	903
Mood disorder; depressed	790	524	111	21%	\$1.53M	862
Psychotic & schizophrenic disorders	431	388	109	28%	\$1.46M	468
Mood disorder; bipolar	215	385	85	22%	\$1.35M	421
Other neuropsychological or behavioral disorders	392	124	22	18%	\$0.40M	461
Anxiety disorder or phobias	484	22	2	9%	\$0.11M	437
Dementia	7	5	0	0%	\$0.03M	14
	TOTAL ED VISITS	TOTAL IP ADMITS	READMISSIONS	FLAG READMISSION %	Claim Amount	Distinct Count of Members Visiting



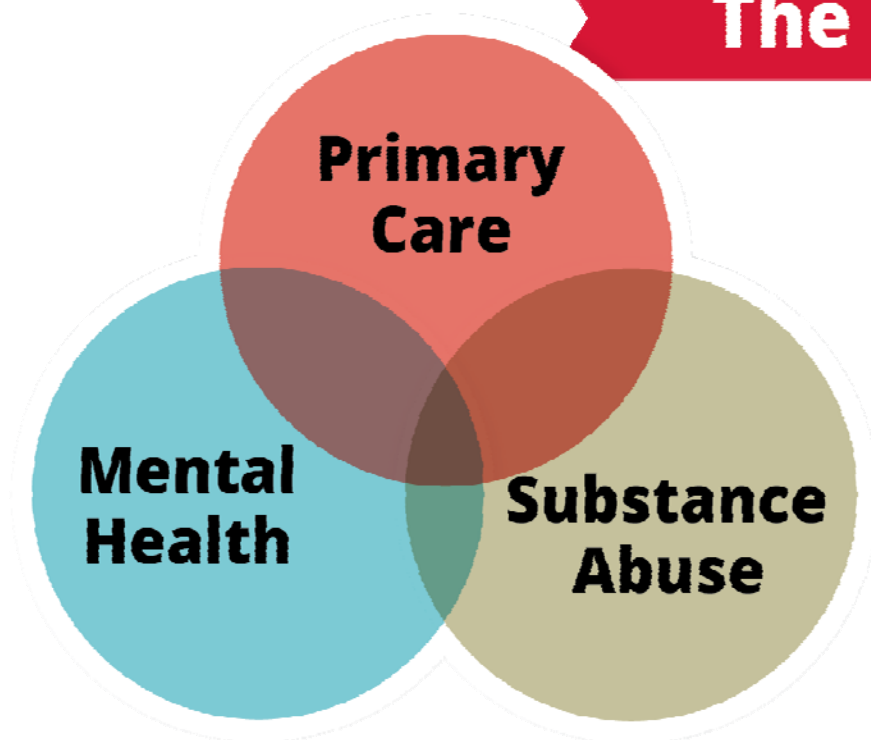
# Current Interventions

- Cenpatico interventions (ACA adults)
  - Case rate payments
  - Focus on case finding
  - Streamlined intake
- Strengthen CountyCare Contracted Network for FHP and ICP members
- High risk care coordination carve-outs
  - Home & Community Based Waiver Members
  - Children with Special Needs (CSNs)



# Vision: Integration of Behavioral & Physical Health

## The SOLUTION



The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

Source: SAMHSA/HRSA Center for Integrated Health Solutions,  
<http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health>



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# Community Counseling Centers of Chicago (C4)

C4 PMPM capitation agreement

Developing areas of focus:

- MCO BH functions
- Behavioral/physical health care integration
- Outreach/linkage services
- Substance use disorder treatment
- Justice involved population
- Children's Mental Health Services
- ED linkage to care for non-SASS CountyCare patients (pilot)
- General access to care
- Justice involved population



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# Next Steps

- Additional provider partnerships, MH & SUD
- Focus efforts on key populations and indicators
- Incentivize integration at provider practices
- Enhanced justice-involved discharge coordination
- BOD presentation on System-wide approach to BH